## **UTILITY PATENT APPLICATION TRANSMITTAL**

DUPLICATE

Address to:					Attorney Docket	No. V	AND3023/JEK/JJC	
Commissioner of Patents P.O. Box 1450					First Named Inve	entor V	ANDERPOL	
Alexandria, VA 22313-1450					Total Pages	44	<b>,</b>	
Transmitted herewith is a patent application under 37 CFR 1.53(b).								
Entitled: CUTTING TOOL AND TRACK GUIDANCE SYSTEM								
⊠	1.	Submitted	herewi	th are the following:				
		25 pages of specification.						
	X Abstract. 10 sheet(s) of drawings.							
12 claim(s).								
<ul> <li>X Oath/Declaration signed by each inventor.</li> <li>X Application Data Sheet.</li> <li>Preliminary Amendment.</li> </ul>								
	<ul> <li>X Information Disclosure Statement(s).</li> <li>1 pages of Form PTO-1449, and one copy of each document listed thereon.</li> <li>0 Assignment of the invention, Cover Sheet, and payment of the \$ recordal fee.</li> <li>0 certified copy of application no filed in Priority is claimed.</li> <li>X check in the amount of \$385.00 including any assignment recordal fee.</li> </ul>							
<ul> <li>         ≥ SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this approximation in the state of th</li></ul>								
⊠	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.						
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed						
	5.	Insert before the first sentence of the specification: This application is a Continuation						
	of nonprovisional application number filed  6. Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph								
DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.								
THE FILING FEE IS CALCULATE					LLOWS:		Basic Fee:	\$770.00
Total Claims:			12	- 20 =		0	X \$18 =	
Independent Claims:			2	- 3 =		0	X \$86 =	
Correspondence Address:					`	Multiple Dependent Claim (add \$290.00):		
23364 Subto Customer Number 50% Reduction if Small Entity State								\$770.00
Customer Number						50% Reduction if Small Entity Status:		\$385.00
Phone: 703-683-0500				Fax: 703-683-1080		Total:		\$385.00
Date:			Name:				\$ignature.	Reg. No.
Feb	ruary	12, 2004		JUSTIN J. CASS	ELL	12	DOWN	46,205
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